

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4675USw

First Names Inventor:
Rodolfo CADILLA

Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on 25 February 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/05953 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/360,975	03/01/2002
2.	
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number **23347**

Direct Telephone Calls to:

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

Robert H. BRINK
919-483-3323

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

120 2 0 1	FULL NAME OF INVENTOR	FAMILY NAME CADILLA	FIRST GIVEN NAME Rodolfo	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature <i>Rodolfo Cadilla</i>		Date: <i>8-10-2004</i>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC USA	COUNTRY OF CITIZENSHIP ES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME HENKE	FIRST GIVEN NAME Brad	SECOND GIVEN NAME/INITIAL Richard
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME LAMBERT	FIRST GIVEN NAME Millard	SECOND GIVEN NAME/INITIAL H., III
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME LIU	FIRST GIVEN NAME Guangcheng	SECOND GIVEN NAME/INITIAL Kevin
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398		CITY Research Triangle Park STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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	INVENTOR'S SIGNATURE	Signature		Date:
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5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Susan
	INVENTOR'S SIGNATURE	Signature		Date:
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Research Triangle Park, NC 27709-3398

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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		CADILLA	Rodolfo	
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	ES
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		HENKE	Brad	Richard
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
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		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		LAMBERT	Millard	H., III
	INVENTOR'S SIGNATURE	Signature <i>Michael Hunt</i>		Date: <i>Aug 13, 2004</i>
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC <i>USA</i>	US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		LIU	Guangcheng	Kevin
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		San Diego	CA	US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

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2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Susan
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Susan
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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20	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
			CADILLA	Rodolfo	
	0	INVENTOR'S SIGNATURE	Signature		
			Date:		
	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
			Durham	NC	ES
	1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
			GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
			HENKE	Brad	Richard
	0	INVENTOR'S SIGNATURE	Signature <i>Brad Richard Henke</i>		
			Date: <i>August 10, 2004</i>		
	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
			Durham	NC <i>USA</i>	US
	2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
			GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
			LAMBERT	Millard	H., III
	0	INVENTOR'S SIGNATURE	Signature		
			Date:		
	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
			Durham	NC	US
	3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
			LIU	Guangcheng	Kevin
	0	INVENTOR'S SIGNATURE	Signature		
			Date:		
	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	HENKE	Brad	Richard
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	LAMBERT	Millard	H., III
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
410 2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	LJU	Guangcheng	Kevin
	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4675USw
2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Susan
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Susan
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Susan
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET

PU4675USw

First Names Inventor:
Rodolfo CADILLAComplete if known:

App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HHPARS ACTIVATORS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **25 February 2003** as United States application Serial No. _____ or PCT InternationalApplication Number **PCT/US03/05953** filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/360,975	03/01/2002	
2.		
3.		

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued	ATTORNEY'S DOCKET NUMBER PU4675USw
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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
 Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398	Direct Telephone Calls to: Robert H. BRINK 919-483-3323
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME CADILLA	FIRST GIVEN NAME Rodolfo	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP ES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
1				
2	FULL NAME OF INVENTOR	FAMILY NAME HENKE	FIRST GIVEN NAME Brad	SECOND GIVEN NAME/INITIAL Richard
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2				
2	FULL NAME OF INVENTOR	FAMILY NAME LAMBERT	FIRST GIVEN NAME Millard	SECOND GIVEN NAME/INITIAL H., III
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
3				
2	FULL NAME OF INVENTOR	FAMILY NAME LIU	FIRST GIVEN NAME Guangcheng	SECOND GIVEN NAME/INITIAL Kevin
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP US

4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4675USw	
505	2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Susan
	0	INVENTOR'S SIGNATURE	Signature <i>Jennifer Susan Smith</i>		Date: 10 August 2004
	0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC USA	COUNTRY OF CITIZENSHIP US
	5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
606	2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Susan
	0	INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	6	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
707	2	FULL NAME OF INVENTOR	FAMILY NAME SMITH	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Susan
	0	INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	7	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY